

Minnesota Lifestyle Solutions Mileage Sheet



Name: _____

Date	Odometer Start	Odometer Finish	Trip Purpose/Locations Examples (Sartell Wal-Mart, CentraCare Plaza, Sauk Rapids Wells Fargo)	Miles Driven	Person Served Initials

Total Miles: _____

Employee Signature: _____

Date: _____

The mileage tracking sheet must be turned in along with the timesheet at the end of your shift on Fridays. Travel outside of 30 miles from the person-served residence must have prior approval from the Executive Director